

C211564



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

ALL 29 2021

1. Statement Information

Date: 7/21/21

Type: New Amended (if amending, enter MEC ID C211564 & section changed 2, 3)

2. Committee Information

Name of Committee: PO Box 2187, St. Louis MO 63158 Telephone Number: ()

Official Committee Email Address: County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Benjamin Singer Treasurer's Email Address (optional): Treasurer's Home Telephone Number: Treasurer's Work Telephone Number:

Treasurer's Mailing Address, City, State, & Zip: 7037 Amherst Ave University City, MO 63130 Deputy Treasurer's Name (if one appointed): Deputy Treasurer's Email Address (optional): Deputy Treasurer's Home Telephone Number: Deputy Treasurer's Work Telephone Number: (314) 739-1308

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Additional Committee Officer's Mailing Address, City, State, & Zip:

Connected Organization's Name (if any): Connected Organization's Mailing Address, City, State, & Zip:

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution: Account Name: Account Number:

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Telephone Number (Candidate Committees Only):

Election Date: Office Sought & Political Subdivision: Political Party: Support or Oppose:

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: Election Date & Political Subdivision: Support or Oppose:

8. Signature(s) - Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: Candidate (Candidate Committees Only):

AMENDMENT